

To be eligible to apply for this bursary you must be enrolled or employed at The ANU and based at the National Centre for Epidemiology and Population Health (NCEPH) as either: (1) a professional staff member, or (2) an academic staff member at either a Level A or a Level B, or (3) a student (PhD/ MPhil/ MPH/Honours) student. Please note, only in exceptional circumstances is a successful applicant able to apply again. Please see the *Conditions of Award* document for further details.

| 1. PERSONAL DETAILS   |                                       |                                       |                     |
|---|---------------------------------------|---------------------------------------|---------------------|
| Title:  |                                       |                                       |                     |
| First name:   | Surname:                              |                                       |                     |
| Email:  |                                       |                                       |                     |
| 2 FDLICATION / FNADLOVNA                                    | ENT DETAILS                           |                                       |                     |
| 2. EDUCATION/ EMPLOYM                                       | ENT DETAILS                           |                                       |                     |
| ANU ID number:  | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |                     |
| Name of Primary Supervisor at NCEP                          |                                       |                                       |                     |
| Are you applying as a student or a sta                      | aff member?                           | Student □                             | Staff member $\Box$ |
| [If student]:   |                                       |                                       |                     |
| What degree are you enrolled in? _                          |                                       |                                       |                     |
| Date of Program of Study Commend                            | cement at NCEPH                       | l:                                    |                     |
| [If staff member]   |                                       |                                       |                     |
| Type of employment:   |                                       |                                       |                     |
| Professional st   | aff member $\square$ A                | cademic Level A 🗆                     | Academic level B □  |
| Date of Employment Commenceme                               |                                       |                                       |                     |
| Please check this box, to confirm th time of travel: $\Box$ | at you intend to l                    | be employed at NC                     | EPH at the proposed |
| Have you previously received the Jas                        | on Passioura Burs                     | sary?                                 | l Yes □ No          |
| If <u>yes</u> : Year of award:                              | Did the propos                        | ed activity occur?                    | ☐ Yes ☐ No          |
| 3. PROPOSED ACTIVITY DET Type of activity:                  | TAILS                                 |                                       |                     |
| ☐ Conference ☐ Course ☐ Worl                                | rshop □ Collab                        | orative meeting                       |                     |
| ☐ Data access ☐ Software subscrip                           | •                                     | 5. 5                                  |                     |
| ☐ Other, please describe:                                   |                                       |                                       |                     |
| Name of activity:   |                                       |                                       |                     |
| Dates:  |                                       |                                       |                     |
| Is the proposed activity domestic or i                      |                                       |                                       |                     |
| Will your attendance be in-person or                        |                                       |                                       | •                   |

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| 4. Consistency of the proposal with intent of the Bursary   |         |
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| Please describe how your proposal supports the use of high-quality data in research, analyses and/or suicide prevention (250 words maximum) | special |
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| 5. The benefit of the proposed activity to the individual   |         |
| 5. The benefit of the proposed activity to the individual Please describe the benefit of the proposed activity to you (250 words maximum)   |         |
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| 5. The benefit of the proposed activity to the individual Please describe the benefit of the proposed activity to you (250 words maximum)   |         |
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| 6. The benefit of the proposed activity for NCEPH   |
|---|
| Please describe the benefit of the proposed activity to NCEPH (250 words maximum)   |
|   |
| 7. CHECKLIST  Before you submit this application, please ensure that you have:  ☐ Answered all of the questions above (selection criteria);  ☐ Attached a CV (2-page maximum); and  ☐ Attached a one page (maximum) covering letter outlining the proposed activity for which funding is sought, including the proposed itinerary and costings.  ☐ Append the cover letter, application form, and CV together in one PDF. |
| 8. DECLARATION  I declare that the information I have given in this application and any supporting documentation is complete, true and correct. I acknowledge that the University has the right to vary or reverse any decision regarding the offer of an ANU NCEPH Jason Passioura Bursary and take necessary actions made on the basis of incorrect or incomplete information.  |
| Signature: Date:  |
|   |
| 9. CONTACT AND DEADLINE   |

This application must be emailed to <u>scholarships.committee.nceph@anu.edu.au</u> by the stated deadline.

#### Contact

NCEPH Scholarships Committee ANU College of Health and Medicine

T: +61 2 6125 2378

E: scholarships.committee.nceph@anu.edu.au